

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043631

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 32 Primary Registration District No. 3021 Registrar's No. 200

FILED NOV 18 1963

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Trenton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 422 West 22dn St.		d. STREET ADDRESS (If outside, give location) 422 West 22nd St.	

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH FRANKLIN HAYES		4. DATE OF DEATH Month Day Year Nov. 8, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 9, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (City and state or country) Belle City, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Hayes		13b. MOTHER'S MAIDEN NAME Frances Louisa Clutts	
14. NAME OF HUSBAND OR WIFE Martha Hayes		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Martha Hayes, Trenton, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia, Terminal</i> DUE TO (b) <i>Cardiac Decompensation</i> DUE TO (c) <i>Coronary Occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Jan 20 - 41</i> to <i>Nov 8 - 63</i> and last saw him alive on <i>Nov 6 - 63</i> Death occurred at <i>8:00</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

22. SIGNATURE (Degree or title) <i>Joseph Conrad M.D.</i>		22b. ADDRESS <i>Chillicothe, Mo.</i>	
22c. DATE SIGNED <i>Nov 13 - 63</i>		23. NAME OF CEMETERY OR CREMATORY <i>Rural Dale Cemetery,</i>	
23d. LOCATION (City, town, or county) <i>Grundy County, Mo.</i>		24. FUNERAL DIRECTOR <i>James A. Slater</i>	
24b. ADDRESS <i>Trenton, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>11-14-63</i>	
26. REGISTRAR'S SIGNATURE <i>Drene Jaur</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED	
1) 405		
2) 405		
3		
4 0		
5 1		
6		
7 0		
8 2		
9) 201		
10		
11		
12 90-1		
13 1-0		

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*James H. Slater*

Licensed Embalmer No. 4467

P. O. Address Trenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.